1. What are the key challenges of prenatal care in rural India? Do you think the ongoing government interventions address these challenges effectively? Critically examine.

Approach

Candidates need to write about the parental care and highlight the government intervention to improve the parental care system. Also mention challenges in rural India despite government intervention and suggest the measures.

Introduction

Parental care can be defined as any non-genetic contribution by a parent that increases the fitness of baby and can occur before or after birth. In rural India. In India, making parental care more inclusive and access to the kind of care and information that can help save lives is still a challenge.

Body

Government intervention improving the parental care in rural areas:

- Auxiliary Nurse Midwife: ANM, is a village-level female health worker in India who is known as the first contact person between the community and the health services helping mothers in critical care.
- Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) providing pregnant women absolutely free ante-natal check-ups, delivery including C-section, post-natal care and treatment of sick infants till one year of age.
- Institutional Births: Institutional births have increased substantially from 79% to 89% at all-India Level.
- Establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
- Breastfeeding to Children's: Exclusive breastfeeding to children under age 6 months has shown an improvement in all-India level from 55% in 2015-16 to 64% in 2019-21. All the phase-II States/UTs are also showing considerable progress.

Despite several efforts key challenges of parental care in Rural India still persist:

- Child care in rural area suffer from multiple deprivations related to poverty, malnutrition, access to quality health services, lack of sanitation facilities, hygiene, and access to improved water.

- Acute shortage of trained medical personnel, poor health infrastructure and service delivery (particularly in rural areas).
- High levels of inequality in access to healthcare and sanitation levels between rural and urban areas.
- Low awareness, illiteracy, early marriages and multiple pregnancies of women impacting health of newborn.
- Lack of institutional delivery practices, breastfeeding practices impacting mother and child health.
- As per NFHS 5 incidence of anaemia in under-5 children has worsened in all States of India.

Wayforward:

- Address health equity through universal health coverage so that all children are able to access essential health services without undue financial hardship
- Address priority maternal and child health problems by strengthening health systems at PHCs, anganwadis etc.
- Prioritize the essential elements of child health and nutrition services such as breast feeding immunization etc.
- To increase access, coverage, and quality of child health services, strategic direction and an optimal mix of community and facility based care is required.

2. Despite having huge reserves of food grains, India fares poorly on the global hunger index. Why? What measures can be taken to address this dichotomy? Discuss.

Approach

Students are expected to write about the hunger crisis India. Highlight the causes and multiple dimension to it. Also suggest some measure approach to solve the problem.

Introduction

Global Hunger Index tracks hunger at global, regional and national levels. It uses four parameters to calculate its scores like Undernourishment, Child wasting, Child stunting, and Child mortality. The GHI 2021 report has placed India 101 position much behind Bangladesh, Pakistan and Nepal. The situation is grim and the country is battling widespread hunger.

Body

India fare poorly on the Global Hunger Index despite having surplus food because:

- Though we have surplus food, most small and marginal farming households do not produce enough food grains for their year-round consumption.
- Relative income of one section of people has been on the decline. This has adverse effects on their capacity to buy adequate food, especially when food prices have been on the rise.
- The agriculture output from small and marginal holdings are either stagnant or declining due to reasons such as reduced soil fertility, fragmented lands or fluctuating market price of farm produce.
- India's child stunting has decreased from 54.2% (1998-99) to 34.7% (2016-18), though still considered high compared to global levels.
- India has the highest child wasting rate of all countries covered in the GHI, which is 17.3% (it was 17.1% in 1998-99).

There are multiple dimensions of malnutrition in India that include:

- Calorific deficiency.
- Protein hunger.
- Micronutrient deficiency (also known as hidden hunger).
- Poor access to safe drinking water and
- Poor access to Sanitation (especially toilets),
- Low levels of immunisation and
- Education, especially of women.

Measures:

- First, more crops have to be grown, especially by small and marginal farmers with support from the Union government. A renewed focus on small and marginal holdings is imperative.
- Second, the government may create provisions to supply cooked nutritious food to the vulnerable section of the society.
- Food Fortification or Food Enrichment is the addition of key vitamins and minerals such as iron, iodine, zinc, Vitamin A & D to staple foods such as rice, milk and salt to improve their nutritional content.
- Agriculture-Nutrition linkage schemes have the potential for greater impact in dealing with malnutrition and thus, needs greater emphasis.
- By including milk and eggs in each states' menu of Poshan abhiyaan preparing a menu based on climatic conditions, local foods etc. can help in providing the right nutrition to children in different States.

Conclusion

This ranking should prompt us to look at our policy focus and interventions and ensure that they can effectively address the concerns raised by the GHI, especially against pandemic-induced nutrition insecurity.

3. Do a critical assessment of the performance of government funded medical insurance in India.

Approach-

Candidates need to do a critical assessment of the performance of government funded medical insurance in India.

Introduction:

Health spending is one of the important causes of poverty in India.Public financing for health in India is low, leaving households to rely heavily on out of pocket payments for health expenses.

Critical assessment of the performance of government funded medical Insurance in India

- The health insurance industry in India is the fastest growing segment in the non-life insurance sector. The market witnessed a robust double-digit growth of 24% in FY 17, with a market share of 24%, in the entire non-life insurance sector. It has been the fastest growing market segment, registering a CAGR of 23%, for the past 10 years.
- This phenomenal growth may be attributed to the liberalization of the economy and growing general awareness among the public on healthcare.
- The health insurance industry is at an embryonic stage, with roughly 25% of the population under its coverage.
- There exists a huge potential for growth and penetration of health insurance to a larger population. Additionally, there are both opportunities and restraints in the marketing and distribution of health insurance products in India.
- A national Publicly Funded Health Insurance (PFHI) scheme called Pradhan Mantri Jan Arogaya Yojana (PMJAY) was launched by government of India in 2018 that seeks to cover 500 million persons with an annual cover of around 7000 USD per household.
- PMJAY claims to be the largest government funded health scheme globally and has attracted an international debate as a policy for Universal Health Coverage.
- India's decade-long experience of the earlier national and state-specific PFHI schemes had shown poor effectiveness in financial protection.
- Most states in India have completed a year of implementation of PMJAY but no evaluations are available of this important scheme.
- PMJAY provided substantially larger vertical cover than earlier PFHI schemes in India but it has not been able to improve access or financial protection so far in the state.

- Though PMJAY is a relatively new scheme, the persistent failure of PFHI schemes over a decade raises doubts about suitability of publicly funded purchasing from private providers in the Indian context. Further research is recommended on such policies in LMIC contexts.

Conclusion

Healthcare in India is in a state of enormous transition: increased income and health consciousness among the majority of the classes, price liberalization, reduction in bureaucracy, and the introduction of private healthcare financing drive the change.